



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:  Customer Number: **32743** OR  Correspondence address below

Name

**SEYMOUR LEVINE**

Address

**4928 MAYTIME LANE****32743**

PATENT TRADEMARK OFFICE

City

**CULVER CITY**

State

**CA**

ZIP

**90230**

Country

**USA**Telephone **(310)****559-2965**

Fax

**—**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:



A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any])**LESLIE JAE**Family Name  
or Surname**LENELL**Inventor's  
Signature**Leslie Jae Lenell**

Date

**6-25-04**

Residence: City

**CULVER CITY**

State

**CA**

Country

**USA**

Citizenship

**USA**

Mailing Address

**4928 MAYTIME LANE**

City

**CULVER CITY**

State

**CA**

ZIP

**90230**

Country

**USA**

NAME OF SECOND INVENTOR:



A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any])**SEYMOUR**Family Name  
or Surname**LEVINE**Inventor's  
Signature**Seymour Levine { signature w/4 } 4-8-04**

Date

**6-25-04**

Residence: City

**CULVER CITY**

State

**CA**

Country

**USA**

Citizenship

**USA**

Mailing Address

**4928 MAYTIME LANE**

City

**CULVER CITY**

State

**CA**

ZIP

**90230**

Country

**USA**

Additional inventors or a legal representative are being named on the \_\_\_\_\_ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.